

LO7 000048123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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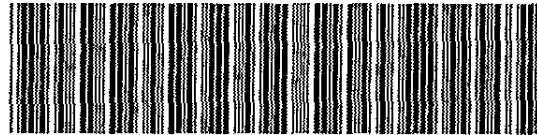
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 108 Columbus, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Deborah Peacock  
(Name of Person)

Hiscock & Barclay, LLP  
(Firm/Company)

1100 M&T Center, Three Fountain Plaza  
(Address)

Buffalo, NY 14203  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lawrence J. Gallick at ( 941 ) 493-6353  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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SECRETARY  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

108 COLUMBUS, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

21 Deer Run

Orchard Park, NY 14127

#### Mailing Address:

21 Deer Run

Orchard Park, NY 14127

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

United Corporate Services, Inc.

Name

9200 South Dadeland Blvd., Suite 508

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33156

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Michael A. Barr

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA


**ARTICLE IV – Manager(s) or Managing Member (s):**

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<b>MGRM</b>	<b>PAMELA MAY 21 DEER RUN ORCHARD PARK, NY 14127</b>
<b>MGR</b>	<b>DOUGLAS E. MAY 21 DEER RUN ORCHARD PARK, NY 14127</b>

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
LAWRENCE J. GALLICK,  
Authorized Representative of Member

(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**  
**\$25.00 Designation of Registered Agent**  
**\$30.00 Certified Copy (Optional)**  
**\$5.00 Certificate of Status (Optional)**

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